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CONFIRMATION NO. 8351

<b>SERIAL NUMBER</b> 10/810,163	<b>FILING OR 371(c) DATE</b> 03/26/2004 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1642	<b>ATTORNEY DOCKET NO.</b> 2056.029	
<b>APPLICANTS</b> David S. F. Young, Toronto, CANADA; Susan E. Hahn, Toronto, CANADA; Helen P. Findlay, Toronto, CANADA; <i>Su</i>					
<b>** CONTINUING DATA *****</b> This application is a CIP of 10/713,642 11/13/2003 which is a CON of 09/727,361 11/29/2000 PAT 6,657,048 which is a CIP of 09/415,278 10/08/1999 PAT 6,180,357					
<b>** FOREIGN APPLICATIONS *****</b> <i>None Su</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 06/05/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> CANADA	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 32	<b>INDEPENDENT CLAIMS</b> 9
<b>ADDRESS</b> 21917					
<b>TITLE</b> Cancerous disease modifying antibodies					
<b>FILING FEE RECEIVED</b> 986	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		